

The hAMPDEN hippOCRAT

JANUARY 1970





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A bulletin for
The Hampden District of
The Massachusetts
Medical Society

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THE HAMPDEN HIPPOCRAT is published monthly except for July and August.

The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

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STORMING THE CITADEL

The new standards recently adopted by the Joint Commission on Accreditation of Hospitals brought to the fore a long smouldering conflict between physicians and hospital administrations relative to the former's "effective participation and assumption of responsibility in the areas of hospital policy, administration, and management." Specifically, the rift became heatedly manifest at the 1969 annual meeting of the House of Delegates of the American Hospital Association last August when the JCAH's new standard's interpretation of granting to medical staff members and other physicians membership on hospital governing bodies was considered. Apparently, to the delegates there gathered, the interpretation intimated that a sword was being drawn on the sacred cow of hospital trusteeship. This venerable commission is characterized as the bestowal of public confidence and faith in a good and able person dedicated to acting for and in behalf of the community at large and willing to accept responsibility for acting in an impersonal manner in behalf of others and assuming the final responsibility for these acts. The spectre of vested interest as well as an affront to administrative authority was raised. Moreover, a precedent seemed to be in the offing whereby other so-called vested interests would want to get into the act. Hence, under the banner of indignant righteousness and with Mass. hospital leaders in the forefront, the American Hospital Association forestalled the mandatory inclusion of medical staff members and other physicians on the governing bodies of hospitals by bringing about an interpretation whereby such a mechanism would be "desirable" but would "not eliminate alternative or innovative courses of action."

For the physicians' part, key hospital policies are becoming more and more dependent upon technical knowledge and scientific considerations and not just upon the financing thereof. Since physicians "are responsible for much of the hospital's income and expenses," they should therefore be "concerned with and share responsibility for the quality and efficacy of the total management." Moreover, physicians have a social conscience with concerns for the total community as well as the equitable and practical distribution of available health resources for the good of each and all.

GOVERNING BODIES

Historically, when a community discovered a social need and organized for remedial action, those willing and able to contribute funds obviously became logical candidates for leadership as members of the governing body to decide how the money they donated or solicited was to be spent. And so, a country club atmosphere ensued wherein self-perpetuating governing bodies of voluntary institutions, including hospitals, were and are still "largely drawn from the same social class, the same age group, the same professions, the same educational background, the same sex, and the same race." Being named to a seat on a governing body is frequently considered a coveted honor since it recognizes leadership qualities in the individual, symbolizes success, and even bestows high social status.

Of late, traditionally composed boards have been on the receiving end of much criticism not only for specific actions and inactions, but also for their general hyposensitivity to community needs and apparently diminishing effectiveness as policy makers. Moreover, current socio-economic changes are making their effects markedly felt inasmuch as individual and organized philanthropy is decreasing with government supplanting charitable giving and insurance replacing out-of-pocket payment.

TIME FOR CHANGE

What should be done with these inbred governing bodies which seldom include a voice dissonant to administrative staff formulated decisions relating to institutional policy? The windows might be opened so that some air of fresh ideas and responsibility from both providers and consumers of hospital services might be let in. Some medical staff members, nurses, and even representatives of other hospital employees might be given an entree. Including representatives of patients might be difficult, but certainly a method could be devised. There should be an orderly transition over a period of time, for paralysis could ensue should a governing body composed of vociferous representatives from special-interest groups suddenly take over. Moreover, majority control should rest in the present hands until new members become so sophisticated that their loyalty to their hospital counterbalances their commitment to the special group which they are purposefully representing. Hospital administrations might resent and resist such changes for they might lose time from their routine chores, and board meetings would not proceed placidly nor would business be conducted in a seemingly "efficient" manner. On the other hand, time might be saved and efficiency improved if brickbats came before rather than after major decisions were made. So why can't a beginning be made at least in this direction by including medical staff members on the governing bodies of hospitals right now?

Ayres

Cover: This issue's cover is a reproduction of the cover appearing on the AMA's brochure entitled *Drug Dependence—A Guide for Physicians*. We would recommend this brochure as must reading for all physicians; moreover, we would recommend Dr. Cooper's article in this issue of *The Hampden Hippocrat*.

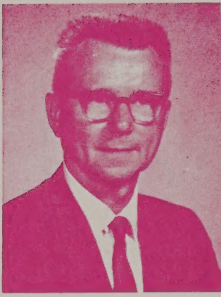
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PRESIDENT'S PAGE

PEER REVIEW — TO LEAD OR FOLLOW

We have been challenged by the Health Insurance Association of America. Their challenge has been thrown at us with this question: "Will you lead or follow?"

Health care cost discussions have been rising in frequency and volume on a state and national level. Deficiencies in our system are being exaggerated. There is a growing conviction that effective controls are needed. There is a chorus of voices proclaiming that the medical profession is not capable of exercising this control. Our traditional fee-for-service is being questioned. Are we able to determine and measure the rate of rise in fees in general? Are we also able to determine the frequency with which fees charged are above the usual and customary fees in the community?

Inappropriate admissions, extended durations, and inefficient use of hospital services must be thoroughly studied and exposed if present; moreover, steps must be taken to prevent not only their existence but also their recurrence.

Every state and county medical society is being asked to create a peer review committee to monitor the general trend of physicians fees in their areas and to determine whether a fee charged is usual and customary and whether services rendered are reasonable and necessary.

A difficult job? Certainly! A necessary task? What is our answer? We are now being presented with a choice. Do we lead the horse, or do we wait until we are dragged by him?

The proposal being made is not a new one. It is already in practice in

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many counties of California, and many other states are laying the ground work to undertake this task. The insurance carriers are willing to pay the expense of the medical societies' clerical staff. It is now up to us.

There are those among us who will wonder whether the insurance carriers are asking us to do their work for them. This, I believe, is irrelevant. Only practicing physicians can truly understand the many facets relating to when and how long to hospitalize a patient. As for the fee-for-service concept, though many misinformed spokesmen are critical of its future need, I doubt that patients' welfare would be improved by any other method of remuneration for services rendered, with the exception, of course, of those physicians assuming administrative or teaching positions. May I point out, for example, that in Great Britain over two million people, who can afford it, are willing to pay more by purchasing private insurance so that they can obtain the benefits of fee-for-service treatment.

Let us admit, therefore, that these changing times need new approaches and new commitments. Our basic concern, I am sure, will continue to be the welfare of our patients. You and I know that the vast majority of our colleagues are dedicated to their work and profession. Our severest critics (i.e., union leaders) are pushing for shorter and shorter working time for themselves and their union members—from 40 to 36 hours, and now from 5 to 4 days per week; simultaneously, they are demanding more and more of us. They fail to see that should the fee-for-service custom be discontinued and replaced by a more or less universal salaried practice, then the union philosophy of less and less work would permeate the medical profession. Would this be beneficial to either the individual or national welfare?

Let us proceed with quiet determination to do what we know is right. Let us not become bitter or discouraged. But also, let us not expect plaudits for what we have traditionally accomplished with expectation only of quiet recognition by our peers of a job well done.

Walter S. Mozdor, MD



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DRUG ABUSE BY TODAY'S YOUTH

Despite the far-reaching educational efforts and comprehensive presentations of some of our medically oriented national organizations to instruct the nation in the seriousness and scope of drug abuse among youth today, it still remains one of our most pressing and disturbing problems, presenting many and varied unanswered questions and lacking consensus.

We are living in a drug-oriented society. More and more drugs are being created. As Dr. Harry Wilner has so aptly said: "The doctor-patient relationship is becoming pharmaceuticalized. Every physician has his own particular pharmacologic armamentarium—a formidable array of chemical weapons and chemical solace. The more drugs that have become available, the more physicians have felt relieved of the burden of taking a careful history, of listening to patients. Time is running short in the consultation room." He points out that, although drugs are an essential element in the practice of medicine, it is not surprising that the layman now looks to drugs as a way of life. We live in a drug culture in which man is relent-

lessly searching for a single drug that will provide him with everything he hopes for in life, particularly serenity in these turbulent and parlous times.

Consequently, it is almost inevitable that young people ranging in age from 11 to 21 will emulate the adult pattern of preoccupation with drugs. They, too, are looking for "kicks," an escape, a way to belong, a painless method of coping with the vicissitudes of life, sometimes a means of avenging parents for their seeming rejection and oftentimes for no explainable reason other than "because I want to."

VARIETY OF AGENTS

Drug abuse has been with us since time immemorial but not to the extent that involves the youth of today. Drugs and other materials utilized represent a broad spectrum, including hallucinogens (mind-expanding psychedelic drugs, i.e., LSD, peyote, mescaline, etc.), the sedatives, the stimulants, and last but not least, marijuana. We cannot omit the various inhalants used by the younger group; these include gasoline, glue, paint solvents, lacquers, and others.

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NEXT MEETING
OF THE
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- TIME:** TUESDAY, FEBRUARY 3, 1970
Business Meeting at 6:00 P.M. followed by
Social Hour at 7:00 P.M. and
*Dinner (Courtesy of Society) at 7:30 P.M.
- PLACE:** STORROWTON TAVERN
Stagecoach Barn
West Springfield, Mass.
- PROGRAM:** REPORT ON AMA's CONFERENCE ON PEER
REVIEW
DONALD R. HAYES, M.D.
COMMITTEE REPORTS

YOUR PRESENCE IS URGENTLY REQUESTED.

BRUCE B. STOLER, M.D., *Secretary*

* If you must cancel your dinner reservation, please
call the office before noon on February 3, 1970.

LSD, chemically known as lysergic acid diethylamide, was developed in 1938. At that time great hopes as a therapeutic agent for schizophrenia were assigned to it, but these were short-lived. It is classified as a hallucinogen, a mind-affecting drug, recognized as hazardous and in some situations fatal. Different people respond in different ways to it. In the beginning, it had an appeal chiefly because of an alleged sharpening of perception—color became more vivid and all dimensions enhanced. Reactions resulting from ingestion of it range from elation and enhanced perception to apprehension, intense worry, panic, and, in some cases, to an acute psychotic reaction.

LSD users will often refer to its effects as having provided them with “a good trip” or “a bad trip.” They will relate how it has given them “great insights,” “a totally different perspective toward life,” etc. A 15-year-old patient once remarked to me: “You haven’t really lived until you take a trip; it gives you such understanding.” There are others who are unable to describe what they experienced while “on a trip” and some quite frankly admit “it was frightening.” There are situations on record in which individuals having taken LSD developed a psychotic reaction and were hospitalized for long periods;

still others who have unintentionally committed suicide by “flying” through a window because of their momentary inability to gauge distance or because they had the sensation of being capable of “flying.”

Those who take a stand in defense of LSD, presenting it as a means of self-enhancement and recreation, are for the most part those who lack knowledge of the hazards of the drug and are merely “preaching” from a platform of arrogance and exhibiting a protest against what they consider the ignorance and controlling tactics of the moralistic “squares.”

There exists much controversy relating to marijuana. It is the consensus of those “in the know” (President’s Crime Commission, numerous private researchers, etc.) that some of the prevailing ideas regarding marijuana are unproven and unjustified. One of the outstanding national psychiatric organizations recently published a statement regarding the pending Drug Control Bill (S-2637) in which they stated the penalties imposed by the bill were “harsh and punitive,” and that the drug was “no more dangerous than alcohol on the basis of present knowledge.” They cited recent findings of high-level authoritative commissions and medical groups: “(1) it has been found that marijuana is nonaddictive; (2) the charge that marijuana leads to

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criminal behavior is unsupported; (3) the ordinary use of marijuana by normal individuals does not cause psychological damage; (4) there are many marijuana users who do not graduate to heroin and too many heroin addicts with no known marijuana experience to support such a theory."

No direct cause and effect link between the use of marijuana and narcotics, morphine, and heroin has been found. However, researchers have pointed out that a person predisposed to excessive use of one drug may be likely to develop an excess in other stronger drugs. There has not been sufficient research to permit the making of authoritative pronouncements regarding the physiological and clinical manifestations of marijuana and, for the same reason, one should refrain from making unproven sensational and dire predictions relating to its use.

The National Institute for Mental Health, in its Center for Studies of Narcotic and Drug Abuse, is currently involved in a research program in which they will attempt to learn more about the psychological and physio-

logical effects of marijuana and later present its findings to the public.

PSYCHODYNAMICS

To better understand the growing problem of drug dependence in the adolescent, one must attempt to understand some of the dynamics of his behavior. Magic and omnipotence are always alluring, especially, to the adolescent, and identified with rebellion against authority. Adolescence is the greatest time of change—physically, emotionally, and socially—and the adolescent strives, more than perhaps for anything else, to establish his own identity as separate from his family and his peers. The achieving of this is greatly determined by the surrounding social conditions, as well as by his fundamental make-up.

Young drug users are almost always victims of family disorganization, in which there may have been divorce, desertion by one or both parents, absence of a positive parent-child relationship, alcoholism, or other environmental conditions that seriously impair the personality development of a child. In practically all drug problems

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one notes, in a longitudinal view of the individual, that he has presented long-standing personality problems that the family overlooked in his childhood or perhaps put aside with the hopeful comment that "he would outgrow it in time."

Drug addiction, regardless of age, is more a psychiatric or psychological problem than sociological despite the contention of families and others that it was due to the individual's exposure to other drug users. This point of view overlooks the predisposition that existed within the patient. In other words, drug addiction may be and often is the presenting and troublesome symptom of a long-standing emotional disorder.

Regrettably, parents and others are too ready to repudiate behavior problems and personality defects in children that often are the basis for

serious problems later in their lives with drug addiction being one of them. Among the anamnestic findings in the adolescent drug user one notes that personality problems existed but, as previously mentioned, were either overlooked or put aside as being insignificant—such characteristics as egocentricity, impulsivity and compulsivity, seclusiveness, lack of affection toward parents, poorly sustained interest and a tendency to move quickly from one interest to another, low frustration tolerance, a reluctance or an inability to comprehend cause and effect relationship in behavior. One also finds excessive dependency needs, paralleled by an inability to relate to others and only to the extent the other person can serve his needs, and here we find him quite adept at manipulation of those about him to fulfill his requirements. He is often hedonistic, unreliable, unpredictable, and amoral.

For the drug addict in whom these characteristics have become accentuated, the drug serves as a buffer between him and unbearably daily situations. It provides courage, a feeling of security, fulfillment, self-esteem, and other essentials not present without the drug.

SOCIOLOGICAL FACTORS

Dr. Keniston, of the Department of Psychiatry at Yale, succinctly points out how the impact of the world on

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youth since the end of World War II can be characterized by change, affluence, and violence. The social change has been so rapid that it is difficult to appreciate its effect on the youth. All established technologies, skills, and bodies of knowledge are questioned; in fact, most established values and moralities are questioned. In all of this the young are faced more than ever before with a world in which little is certain. Self-established truths of yesterday are today rejected. In such a state of flux, parents are unable to transmit to children a stable set of values upon which the young can depend. There is no possibility of predicting the future; the past is rejected as outmoded so that the here and now is what is most important to the young.

Violence has been a constant companion of today's youth, which may explain the reluctance of some to become a part of this world. Others are very concerned about the state of the world yet feel utterly helpless to do anything about it. Still more are convinced that the "establishment" is headed for extermination.

All of this to some degree explains the young person's desire to retreat to his "inner world," which he does via drugs, in the hope of finding meaning and fulfillment. Our greatest hope

is that he will have been reared in such a way as to have developed those essentials that will enable him to withstand this experience and forsake it in favor of normal living.

MULTIDISCIPLINE APPROACH

Drug abuse is a multi-faceted problem involving physiological, psychological, and sociological components, and consequently necessitates a multi-discipline approach to achieve correction and prevention. It unerringly indicates some underlying form of psychopathology and represents a symptom complex characterizing an emotional disorder that preceded and predisposed the individual to the development of a drug dependency. Psychiatric exploration frequently reveals multiple manifestations of a psychological disorder.

Whatever drug the individual has become dependent upon is presumably one that he has found relieves him from tension and aids him in his adjustment to everyday life, or it may simply be an identification label for him in the group to which he chooses to belong.

One of the most comprehensive publications on drugs is by Dr. Richard H. Blum and several associates, through funds from the National Institute of Mental Health. He,

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like other researchers, points out the increasing use of drugs among students in western colleges and high schools. "The evidence confirms the widespread conviction that illicit drug usage is rapidly becoming a part of student life and that, for a substantial and growing number, it begins in high school or even earlier," Dr. Blum says. "What we see now is a rapidly increasing tempo. While it took approximately ten years for experimentation and use to shift from the older intellectual-artistic groups to graduate students, it took only an estimated five years to catch on among undergraduates, only two to three years to move to a significant number of high school students, and then within no more than two years to move to upper elementary grades."

Joel Fort, one of Blum's collaborators who wrote the chapter on the world view toward drugs, says: "The abuse of mind-altering drugs is an important social and health problem in all geographical areas of the world and most countries. The drugged world serves as a barometer of human

society—an indicator of underlying social illness, and a warning of an existing and approaching social storm. The storm is mounting."

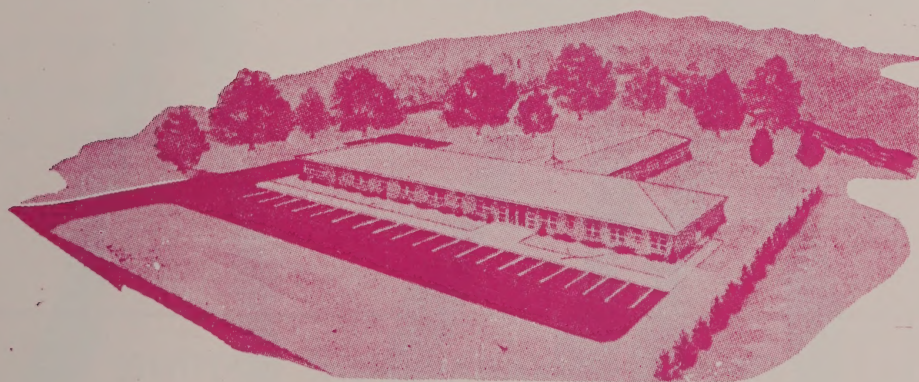
Only an informed, aroused and interested public, both lay and professional, can effectively attack such a serious and prevalent problem as the drug abuse existing among our youth today. An educational program relating to all of the mind-affecting drugs should be painstakingly structured and directed to all levels in the area, and actively participated in by physicians, educators, and parents. An informed society is our best hope for deterrence. Persistent vigilance, coordinated public effort, and an ongoing educational program, with utilization of all community resources, are among the sine qua non for desired results; and last but not least, mental hygiene for the preschool child, coupled with parent education, in order to be assured that beginning personality disorders are not overlooked and are corrected in time to avert the development of more handicapping problems.

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TUESDAY, FEBRUARY 10, 1970, AT 8:30 P.M.

SPEAKER: ALVAN R. FEINSTEIN, M.D.
Associate Professor of Medicine and Epidemiology
Yale University School of Medicine

TOPIC: "Clinical Judgment and Basic Science"

CLINIC: Providence Hospital, 5:00 P.M.

MARK YOUR CALENDAR NOW!

HDMS MEETING, FEBRUARY 3

HDMS EXECUTIVE COMMITTEE MEETINGS, FEBRUARY 17 AND
MARCH 17

MMS COUNCIL MEETING, BOSTON, FEBRUARY 11

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Contraindications: Contraindicated in patients with a history of a previous hypersensitivity reaction to chlormezanone. TRANCO-GESIC should not be administered to persons known or suspected to have an idiosyncrasy to aspirin.

Warnings: Should drowsiness occur, the dose should be reduced; and if this should continue, the patient should not operate a motor vehicle or any other dangerous machinery while taking the drug.

Usage in Pregnancy—Safe use of this preparation in pregnancy or lactation has not been established, as no animal reproductive studies have been performed; therefore, use of the drug in pregnancy, lactation, or in women of childbearing age requires that the potential benefit of the drug be weighed against its possible hazards to the mother and fetus.

Adverse Reactions: Adverse effects reported to occur with TRANCO-GESIC include drug rash, dizziness, flushing, nausea, gastric distress, drowsiness, depression, edema, inability to void, and weakness. Medication should be discontinued or modified as the case demands.

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LEADERSHIP IN THE 1970's

What we need most urgently today is the infusion of young blood into the leadership of organized medicine.

The above is not a quotation but rather the gist of a statement by AMA's President Dr. G. D. Dorman in his address before our Society on November 25, 1969.

Very few of us would question the wisdom of Dr. Dorman's suggestion. In these rapidly changing times we urgently need young views, ideas and enthusiasms. The observation that the future belongs to the young is much more than a hollow diatribe. Whether we like it or not the fact remains that many of our older members consider themselves too passe to be concerned about the future of medicine. It isn't at all unusual to hear some of them say: "Why should I worry about the threat of political medicine? In another few years I'll probably be out of it completely."

REJUVENATION: MODUS OPERANDI

How, then, does one go about developing newer and younger leadership? This is easier said than done. We may begin with a visit to our medical schools where we find that the attitude of the average student today bears little resemblance to that of the medical practitioner. In an item of correspondence to the New England

Journal of Medicine of November 6, 1969, a medical student at the University of Pennsylvania writes as follows:

"Preliminary results from a poll conducted at the University of Pennsylvania indicate that 65 per cent of the respondents are categorically in favor of 'socialized medicine,' 95 per cent believe that socialized medicine would make no substantial difference in their plans to practice medicine. . . ."

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This attitude on the part of medical students has been ascribed by some to lack of contact with the realities of community medical practice. Others explain it on the basis of overexposure to academic medicine, while still others blame it on the times—student activism, rebellion against the establishment, generation gap, etc., etc. Suggestions in the past that the medical school curriculum include subjects dealing with medical ethics and medical socio-economics never materialized.

A RAY OF HOPE

However, there is now more than a ray of hope on the horizon. To begin with there is the recently organized Students of the American Medical Association (SAMA). With an assist from Don Hayes (MMS delegate to the AMA's House of Delegates), we learn that this rapidly growing organization sends two fully accredited delegates to the AMA's House of Delegates. This should prove helpful in familiarizing our future colleagues with the problems confronting our profession and the health of the public. It should also afford them an opportunity to see organized medicine in action and at the same time give them a voice in the AMA's policies and programs. In a similar vein, our own MMS has extended a standing invitation to all medical students in the area

to attend Council meetings and committee conferences. We know of at least two other state societies that have taken identical action—Colorado and Pennsylvania.

The above effort may well serve to stimulate interest and to develop leadership in the younger members of our Society. But this is only one half of the problem. Next, we must make room for them at the top. As suggested in this column more than a year ago (October, 1968), the consecutive tenure of office of our Councilors be limited to three or at most five years and that they not be eligible for reelection for two years. Similar limitations of tenure are applicable to other forms of leadership at all levels—local, state and national.

Needless to say that chronology by itself is a poor criterion. The experience and expertise of the seasoned leader, is still indispensable. To suggest that a man like President Dorman be shelved merely because he has passed his 60th birthday, would be absurd. As a corollary, no man automatically qualifies for leadership just because he has yet to celebrate his 40th birthday. In addition to youth, he needs the benefits of active participation in organized medicine's affairs, both before and after graduation from medical school.

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HIGHLIGHTS OF THE DECEMBER EXECUTIVE COMMITTEE MEETING

The December Executive Committee meeting was held on Tuesday, the 18th in the Conference Room of the HDMS. Dr. Mozden, President, called the meeting to order at 8:20 P.M. Present were Drs. Mozden, Moore, Boivin, Collard, Hough, Sullivan, Kelly, Cummings and Mrs. Purdy.

Mr. Harold Allen of the Allen Photographic Corporation presented a proposal for photographing the membership of the HDMS. One of the suggestions given was that Hartford is having ID cards made to use in cases of disaster or civil disturbances. The Committee discussed the proposal, and it was voted to table the matter for one month.

The minutes of the November Executive meeting were read by Dr. Boivin and accepted as written.

CORRESPONDENCE

The Massachusetts Nutrition Program asked for cooperation of the

HDMS to fully inform the local physicians about the nutrition program that was carried out locally in November. Interest in the follow-up of abnormal findings discovered during the survey was expressed with local physicians to be notified.

A telegram from Dr. Howard of the AMA was read. This was to inform the members of the vote of 65 to 25 to kill the Senate Finance Committee's attempt to limit lay-aside for retirement plans of professional corporations to ten percent of income annually. There will be no legal restrictions this year.

A letter from Dr. Purinton, Secretary of the Franklin Medical Society was read; it was written to Dr. Ayres. This was a letter to compliment Dr. Ayres on his editorial in the November issue of *The Hampden Hippocrat* and to inform Hampden of the interest of Franklin District in the Massachusetts Federation of Physicians. This was informational.

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Dr. Ayres was invited to the meeting to fill in the Committee on the correspondence from Middlesex South District Medical Society about Blue Shield. Discussion followed and Dr. Ayres was given support by the Committee for his ideas intended to be expressed at the Executive meeting of the MMS. A motion was made and passed that Dr. Ayres receive all resolutions sent to MMS by the HDMS with reasons why the resolutions were recommended by the Executive Committee.

Dr. Siragusa, President of the medical staff of Noble Hospital, inquired about guidelines for appointing two local osteopathic physicians to the medical staff. It was suggested that Dr. Siragusa be given the feelings of the MMS Council noted on pages 23, 24, 25, of the October 8, 1969, Summary and Proceedings of the Council Meeting.

Representative Silvio O. Conte answered Dr. Allan's letter about chiropractic stating that this will be the first order of business before the House Ways & Means Committee directly after the holidays.

COMMITTEE REPORTS

Dr. Wales, Chairman of the Scholarship Committee sent in a complete report, with an accompanying letter. After much discussion, two motions were made for consideration of this committee:

1. That the HDMS Scholarship Committee contact the Valley District Dental Society's loan committee to gather information and to consider the advisability and feasibility of such a program for HDMS;

2. That the HDMS investigate the possibility of obtaining funds back from MMS sent to them following the polio immunization program of 1964 to be used in setting up a student loan fund.

OLD BUSINESS

No answer has been received from the Ethics & Discipline Committee of the MMS about the letters sent from the Massachusetts General Hospital. This was tabled for another month.

NEW BUSINESS

Dr. Mozden announced the appointment of Dr. Millman to serve on the Nutrition for Better Health Committee as a representative of HDMS.

Dr. Moore presented the immediate need for the office to procure a new copying machine. The Committee voted unanimously for Dr. Moore to purchase one.

GRIEVANCES

The Committee heard two grievances. Letters will be written to the patients concerned.

The meeting was adjourned at 10:50 P.M.



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HDMS SCHOLARSHIP AWARDS

The Hampden District Medical Society, through its Scholarship Committee, recently announced scholarship grants to five young men and women from this area who are beginning or continuing their education in the professions of medicine and nursing.

Since 1966, the HDMS has made grants of financial aid, totaling \$4,355.00, to sixteen students of medicine and nursing who are residents of the Hampden District area and who intend to return here to practice after completion of their professional studies. This scholarship fund was established with the monies contributed by the people of the Hampden District area at the time of the polio immunization program carried out by the Society working with the Massachusetts Department of Public Health. Scholarship grant selections have been made each year on the basis, primarily, of financial need and the awards have gone to students who are accepted or enrolled in schools of pharmacy, nursing, or medicine in any part of the United States. This year, the scholarships were granted to the following:



Robert J. Cavanaugh, 15 Florida Street, Springfield, Mass. Graduate of American International College, Springfield, Mass. Now attending Creighton Univ. School of Medicine, Omaha, Nebraska (Sophomore).



Diane Louise Lessard, 545 Main Street, Springfield, Mass. Graduate of Classical High School, Springfield, Mass. Now attending State College at Lowell School of Nursing, Lowell, Mass. (Sophomore).

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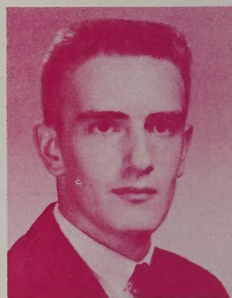
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Joseph R. McClellan, 41 Marquette Street, Springfield, Mass. Graduate of Providence College, Providence, R.I. Now attending Georgetown Univ. School of Medicine, Washington, D.C. (Freshman).



H. Michael Ogburn, 299 Taylor Street, Springfield, Mass. Graduate of American International College, Springfield, Mass. Now attending Univ. of Louisville School of Medicine, Louisville, Kentucky (Freshman).



Donna Pomeroy, 31 Franklin Street, Holyoke, Mass. Graduate of Holyoke High School, Holyoke, Mass. Now attending Holyoke Hospital School of Nursing, Holyoke, Mass. (Freshman).

The Scholarship Committee indicates that it has received many more applications warranting financial aid than it has been able to honor, and encourages the people of the Hampden District area to contribute to the basic capital fund which produces the annual interest from which these scholarships can be made. Scholarship applications can be obtained from the Executive Secretary of the Hampden District Medical Society, Mrs. Vivian Purdy, at the Society office, 1414 State Street, and must be completed and filed by September 1st.

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HAMPDEN CAPSULES

In the December 8, 1969, issue of the *American Medical News*, page 4—read Dr. Mozden's article from *The Hampden Hippocrat*, October issue—"Where the MD's Loyalties Lie."

Dr. Kruger was elected president of the Temple Beth El.

Dr. Tauber was installed as chairman of the Hampden County Chapter of the Civil Liberties Union of Massachusetts at the latter's annual meeting at First Unitarian Universalist Church.

Dr. Mozden, President, met recently with the other business men of Springfield at Mayor Freedman's office to confer on racial tensions in Springfield.

Dr. Ayres, Chapter Chairman of the Pioneer Valley Chapter, March of Dimes was saluted at the Joint Civic Agencies' January breakfast.

Dr. Carroll of Holyoke has transferred to non-resident membership.

Dr. Ann Hirschhorn has become a

Diplomate of the American Board of Psychiatry and Neurology.

SPEAKERS

Dr. Plotkin spoke at the Park Memorial Church with the movie "Human Growth."

Dr. Bettigole and his charming wife spoke on VD with the movie "Quarter Million Teenagers" at the Council of Jewish Women.

Dr. Walter Tauber spoke at the Foster Memorial Church to parents and the following week to children about family planning.

Dr. Shuman addressed the annual meeting of the Women's Auxiliary of the Wesson Women's Hospital on the great importance of planned newborn intensive care unit.

Dr. Joseph Michelson addressed the Holyoke High School Medical Club on "Medical Care of the Adolescent."

Dr. Metz spoke to the private duty nurses at Wesson Memorial Hospital.



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Anil Kumar Chakrabarti, M.D. Office: Wesson Memorial Hospital, Springfield, Mass. Born: Kanihari, India, February 1, 1931. Medical School: Calcutta National Medical Institute, 1956. Internship: Edmundston, N.B., Canada. Residency: Several in Montreal and Quebec, Canada. Specialty: Anesthesiology.



Richard A. Courtney, M.D. Office: 780 Chestnut St., Springfield, Mass. Born: Syracuse, New York, July 20, 1936. Medical School: Upstate Medical Center at Syracuse, 1962. Internship: New England Medical Center, Boston, Mass. Residency: New England Medical Center, Boston, Mass. Specialty: Pediatric Surgery.



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Daniel Arthur Hart, M.D. Office: Springfield Hospital Medical Center, Springfield, Mass. Born: New York, N.Y., April 23, 1933. Medical School: University of Vermont, 1958. Internship: U.S.N.H. Chelsea, Mass. Residency: DeGoesbriand Memorial, Burlington, Vt. Specialty: Internal Medicine.



Abraham Cecil Kovarsky, M.D. Office: 39 Mulberry Street, Springfield, Mass. Born: New York, N.Y., October 27, 1937. Medical School: S.U.N.Y., Downstate Medical Center, 1962. Internship: The Mt. Sinai Hospital, New York, N.Y. Residency: The Bronx Veterans Hospital, New York, N.Y.; The Mt. Sinai Hospital, New York, N.Y. Specialty: Orthopedics.

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Joseph Percy Michelson, M.D. Office: 159 Essex Street, Holyoke, Mass. Born: Russia, February 6, 1904. Medical School: Jefferson Medical College, Philadelphia, Pa., 1927. Internship: Kingston Avenue Hospital, Brooklyn, N.Y.; Jewish Hospital, Brooklyn, N.Y. Residency: Jewish Hospital, Brooklyn, N.Y. Specialty: Adolescent Medicine and Pediatrics.



Ronald Stanley Nadel, M.D. 77 Maple Street, Springfield, Mass. Born: Stoneham, Mass., November 26, 1937. Medical School: University of Vermont College of Medicine, 1963. Internship: E. J. Meyer Memorial Hospital, Buffalo, N.Y. Residency: Roswell Park Memorial Institute, Buffalo, N.Y.; Boston University Medical Center, Boston, Mass. Specialty: Dermatology.

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William Joseph Romanos, Jr., M.D. Office: 6 Weymouth Street, Springfield, Mass. Born: Barre, Vermont, May 6, 1940. Medical School: Tufts University, 1965. Internship: Mount Auburn Hospital, Cambridge, Mass. Residency: Institute of Living, Hartford, Conn. Specialty: Psychiatry.



Erik Arthur Rosenthal, M.D. Office: 130 Maple St., Springfield, Mass. Born: Poughkeepsie, N.Y., December 20, 1935. Medical School: Cornell University Medical College. Internship: St. Lukes Hospital, New York, N.Y. Residency: St. Lukes Hospital, New York, N.Y.; Hospital of St. Giles the Cripple, Brooklyn, N.Y. Specialty: Orthopedic Surgery.

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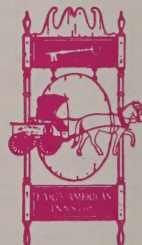
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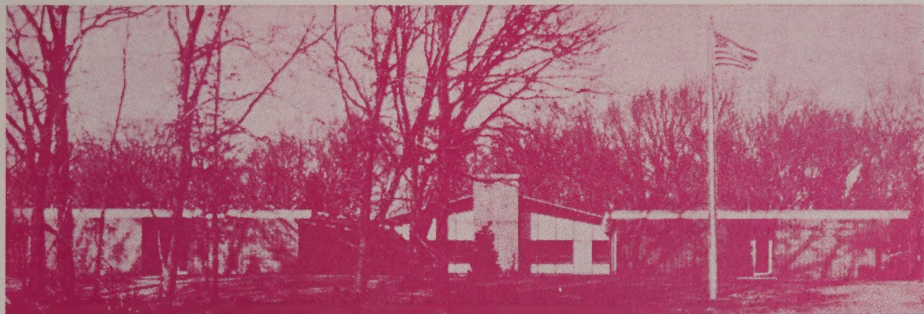
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